TELEPHONE INFORMATION AND DIRECTORY LISTING						
IS01, BUILDING 4200 OFFICE OF THE CHIEF INFORMATION OFFICER (CIO)				DATE:		
ACTION:  NEW ENTRY CHANGE OR CORRECTION TERMINATION		BADGE NUMBER:		PERFORMING ACTIVITY CODE:		
NAME: (Last)	(First)	(MI)	MI) (Preferred N			Doctor (Check if applicable)
OFFICE TELEPHONE NUMBER:	OFFICE/CONTRACTOR:		BUILDING NUMBER: ROOM N		ROOM NU	MBER:
FAX NUMBER:	PAGER NUMBER:		PIN NUMBER:		CELL PHONE NUMBER:	
OFFICIAL USE ONLY						
MISCELLANEOUS:			ACTION		NITIALS	DATE

MSFC Form 2683 (Rev. March 2007)

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